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THE MEDICAL PROFESSION AND NOTIFIABLE DISEASES.

WHY REPORTS SHOULD BE MADE.

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In every State of the Union there are laws or regulations requiring the reporting of certain diseases to officials, whose duty it is to record and act on the information given. In some States the notifiable diseases are covered by such "blanket" terms as "contagious or infectious diseases dangerous to the public health," and "occupational diseases," while in others each notifiable disease is specified. The number to be reported varies from less than a dozen to more than is required by the "Model Law," as adopted by Alabama and a number of other States.

The value of reports and statistics pertaining to preventable diseases is recognized by all who have public-health problems to solve. On the knowledge obtained from this source we build our public-health systems and make a practical application of preventive medicine by education, sanitation, or quarantine, as may be required. The work can be directed intelligently only in proportion to the completeness of the information before the director.

Physicians and surgeons in general have failed to study the subject sufficiently to understand why this extra burden of reporting should be placed on them and why they owe such reports to the public and to the profession. Works written for health officials do not touch upon this subject. Apparently it is presumed that such officers will enforce the laws. A rigid enforcement of such laws and regulations would, in many places, arouse such an antagonistic spirit in a large part of the profession as to obstruct other avenues of public-health endeavor. Efficient health work requires the full cooperation of the physician. I will, therefore, endeavor to set forth the reasons for such requirements, with the hope that when it is shown that these reports are necessary for the welfare of the public and the advancement of science, the great majority of the medical profession will report without an application of the law.

The first question we must discuss is:

Why Is There a Law or Regulation Requiring That Certain Diseases Be Reported To Health Authorities?

Preventive medicine is a child of the twentieth century. With our advance in knowledge and experience our vision of its possibilities broadens, and already we feel that it is not Utopian to anticipate that before the close of this century all other branches of medicine will have a secondary place in our community and national life. An officer who conducts a campaign efficiently must know the location of the enemy, his strength, and fighting qualities. The odds will be in favor of the enemy in the same proportion that this information is deficient. Likewise, a basis for public-health work must be laid by obtaining information regarding prevailing diseases, the number of cases, and the rapidity of and conditions favoring their spread, or the work is doomed to failure and the institution will be brought into disrepute.

A knowledge of the exact location of each case of communicable disease is indispensable to satisfactory work where a health organization is functioning, and it is just as criminal to fail to report such a case promptly as it would be to fail to give an alarm should we see a neighbor's house in flames. Upon the health department devolves the duty of locating the source of the infection and checking the further spread of the contagion. This is of inestimable value to the community, and the benefits may reach beyond the confines of a county or a State. If a report is not made or is long delayed, much damage may be done, much suffering and loss of time and money may be sustained. The epidemic may have spread beyond control and possibly into a territory not so fortunate as to have an efficient health department. Such calamities should be charged up to the criminal negligence of the doctor failing to report promptly, and he, like the Chinese prototype, should be held responsible for the ravages of the epidemic.

There are many, however, who will question, and with some semblance of justice—

Why Should These Diseases Be Reported When There Is No Local Health Department.

or a very inefficient one to take charge of the situation? State departments of health are frequently called upon to assist in the control of certain outbreaks of disease of which no cases have been reported by the attending physician. These calls come occasionally from unauthorized persons who have no other knowledge of the presence of the disease than hearsay evidence and when no cause for special attention exists. More frequently, particularly in the rural districts, the alarm has a real basis, but the lay reporter gives such indefinite information that much time is lost in finding the

infected locality and applying preventive measures. Again, the disease is present, the location definite, but when the representative of the State board of health arrives he finds the physician in charge out of unison with him, either because he feels that some outsider has been meddling with his affairs or feels that he has lowered himself in the esteem of his friends, the public, when he failed to do his duty by them in reporting the cases as they occurred. By reporting the cases he would have transferred the responsibility to the health authorities, and his state of mind would have allowed him to give hearty cooperation when the health official arrived.

"No Local Health Department, Therefore No Reason for Reporting."

This is far from being a logical conclusion. By such reports we prove the need of public health work. If there are no preventable diseases reported in a district or county, what tangible evidence can be presented to show the necessity for a whole-time health officer? Why should money be appropriated to take care of some imaginary evil existing in the minds of certain individuals or groups, with the idea of making a fat place for one of the group? This is the question asked by many laymen who occupy positions with appropriating power. This reasoning continues:

"There was a case or two of typhoid fever in my neighborhood last year; and they say John Jones's children have hookworms, but they are of no value to the country anyway. This is a malarial country and everyone has to have chills. No; it is useless to spend public money this way."

When we have the actual number of cases of preventable diseases as part of the county records, when we can show what the county lost as a result of these diseases, when we once get a statement of disease from actual record in black and white, expressed in dollars and cents, we have a strong plea for a local health department. If this evidence is properly presented to the public it will materially assist in creating a sentiment that will demand protection so strongly that the necessary appropriation will be forthcoming.

Statistical Value of Reports.

The value of morbidity statistics, particularly of the preventable diseases and conditions, should require little discussion. If it is of any value to know the number of inhabitants, the number of factories and farms, the number of horses, cattle, sheep, and hogs, how much greater by comparison is the information showing the number of inhabitants incapacitated for their usual vocations of attending their several properties enumerated? Dr. Peter Brice, in 1878, said: "If the preservation of human life is truly of paramount importance to the State, and to which all other interests are but ancillary,

is it not plain that vital statistics should take precedence of every other kind?" The value of statistics of preventable diseases and conditions is to be placed, if it were possible, above those of births and deaths. By a study of them we learn and devise means for preventing illness, loss of time, suffering, and possibly death resulting from ignorance and carelessness of the individual and the negligence on the part of the civil authorities. The question arises:

Has the State Any Claim Upon the Time of the Physician

which justifies the demand of such a portion of his time as may be required to make these reports? The obligation of the physician to the State is no less than that of other citizens of the Commonwealth. Every individual owes it to his country to be a law-abiding citizen. To say that it is foolish and unjust and that there is too much red tape does not excuse the violation of the law. The same complaint might be made against other laws which involve inconvenience, red tape, and injustice, from the individual's point of view, far surpassing the one in question. Yet these other laws are more generally complied with because up to this time their violation is more certainly punished. Wherever the "Model Law" for reporting deaths is in force, undertakers are complying with a law which gives them more trouble than reporting notifiable diseases would give the physician. Shall we compare the undertaker and the physician as law-abiding citizens? The doctor on the pedestal of confidence, love, and respect upon which the public has placed him must be a law-abiding citizen and ever recognize the fact that whenever he fails to live up to this ideal he lowers the pedestal on which he stands.

The altruistic attitude of the physician of half a century ago made him the adviser, not only in disease, but also in health, and often in social and business matters. Who thought of him as giving advice for personal gain? Is it not possible that our parsimonious value of time in the mad rush for money supplies a basis for the public distrust when the profession recommends health measures and sanitary regulations? The profession recommends a county, district, or State health organization and the individual physician fails to give it his support. Why should we be surprised at distrust on the part of the public? The doctor owes reports on notifiable diseases not to any health officer, director of a bureau, or employee of a health department, but to the great principle for which every board of health in the world stands, **THE PREVENTION OF DISEASE.**

Again, the doctor owes this duty to the State because he is granted special privileges by the State, which have hedged him around by special educational qualifications so that only the select may enter the monopoly he enjoys.

Value of Morbidity Statistics to the Medical Profession.

Statistics on the incidence of disease have, in addition to what has been stated above, a peculiar value to the medical profession. All of us will remember how, in student days, we learned, under the heading of etiology, the age, sex, race, and station in life most affected by a particular malady, also the territory in which it is most prevalent. We know the knowledge is worth while. We know, too, that the data in our textbooks were derived from hospital records. The time has now arrived when these data should be based not on the records of hospitals or cities, nor of a State or group of States, but on information gathered from every section, however remote, of the whole country.

Diseases Frequently Not Reported.

Many members of the medical profession consider it useless to report certain diseases. The reasons assigned are almost as numerous as the persons offering them. *Influenza* is prominent in this class, and the protest against reporting is made on the ground that health authorities can do nothing with it. No other disease emphasizes more the value of reporting in order that we may have additional information regarding the conditions under which it prevails. Had each case of the several epidemics which have swept the country been reported promptly, we might, with the knowledge acquired from other sources, now be able to combat the contagion successfully. On the other hand, many doctors report influenza who never report anything else. This is due, no doubt, to the extent to which the public is aroused, and further to the fact that the United States Public Health Service makes a special request for these reports during an epidemic. It is to be noted, however, that *the United States Public Health Service is deeply interested in securing a report of every case of notifiable disease and that every case reported to local and State boards of health is eventually reported to the Surgeon General of the United States Public Health Service, Washington, D. C.* When the profession and allied investigators are seeking information from every source, nothing will be more helpful than full reports on all cases of influenza.

German measles is almost ignored as a reportable disease because of its mildness and supposed harmlessness. Yet, we must admit that so few data have been gathered regarding this exanthema that we know very little of the ultimate effects of the infection, which may be more serious than we think. The fact that it may be confused with scarlet fever and measles makes it all the more important that health authorities be informed.

Chicken pox, on account of its relation to smallpox, as well as for statistical and educational purposes, demands careful reporting.

Malaria is probably the most difficult of all diseases to report fully and satisfactorily. It is the pest of the South, and many valuable immigrants are deterred from making their home in the "land of cotton" on account of it. Malaria is therefore one of the diseases of extraordinary commercial importance. Antimalarial work is being done in every southern State. Before such work can be undertaken it has been necessary to make malarial surveys. This expenditure of time and money should not be required. Reports from the doctors should tell the story. While few physicians in general practice outside of a well-equipped hospital are able to report all cases, all are able to report a majority of them and thus help in the campaign to rid the country of this disease.

Venereal diseases.—The most strenuous objections are raised against reporting this group of diseases. Not only do a number of medical men fail to report, but they object emphatically to placing venereal diseases on the notifiable list. It is claimed that such reports are useless and will injure the doctor's practice, and that these diseases are private matters with the individual affected. While the Federal Government is doing its part, can the physicians of the States sit idly by with eyes closed to the ravages of a group of diseases which are doing more to fill our asylums and homes for feeble-minded, almshouses, and schools for the blind than all others combined? Shall the medical profession, for the sake of the paltry dollar, treat lightly efforts to learn the prevalence, the method of control, and the cure for the diseases which produce so many sterile men and women, so many chronic invalids who, with their continual suffering, become burdens to their friends and often to the community and the State? Can the profession be hoodwinked into believing that they are living up to the Hippocratic oath or even a decent moral standard when they refuse to help fight the diseases which are visited upon the children to the third and fourth generation? Here we have disease begotten in the violation of moral and civil law, spread to innocent women and children, and more prevalent than half the world dreams of. Doctors, generations unborn call upon you to report this class of cases and to cooperate in every way with any agency fighting the great RED PLAGUE.

Cancer.—At present time our only source of information as to the prevalence of cancer is found in such statistics as have been compiled from death records. At a time when the surgeon's knife, radium, etc., are accomplishing so much, when such exhaustive research work is being done, when a great effort is being made to educate the public to prompt action when cancer develops, is not failure to report cancer in its various forms an injustice to the surgeon? Does it not withhold valuable information from the investigator and knowledge which would add much to the educational propaganda regarding the disease?

Who Shall Report Diseases?

Specialists and surgeons almost as a unit seem to consider themselves beyond the law. Rarely does a surgeon report a case of cancer, tuberculosis, or syphilis. Possibly he assumes that the physician who referred the case should make the report. There is but one rule to follow in reporting disease, namely, whoever makes the positive diagnosis and in whose care the patient is, however temporarily, should make the report.

Summary.

No disease has been placed on the notifiable list arbitrarily or by chance, but each for some definite reason. It therefore behooves every doctor to report every case of each notifiable disease for the following reasons:

That the proper authorities may be informed and prevent further spread;

That the information gained may be available as evidence of the need of public-health work;

That further knowledge may be gained as to the etiology and spread of diseases under conditions of which we now have no data; and

That the location of areas where certain diseases prevail may be known when it is possible to undertake special measures for their eradication.

PELLAGRA IN THE MOUNTAINS OF YANCEY COUNTY, NORTH CAROLINA.¹

By G. A. WHEELER, Passed Assistant Surgeon, United States Public Health Service.

In point of altitude, Yancey County represents the highest portion of the mountainous plateau of western North Carolina. It is pre-eminently mountainous, and is regarded as the culmination of the Appalachian system. The Black Mountains compose the southeastern half of the county. There are 18 summits of this range in this county rising above 6,000 feet; the highest, Mount Mitchell, being 6,711 feet, the highest point in the United States east of the Rocky Mountains. The Smoky Mountains make up the greater portion of the remainder of the county. Among these mountains, in this county, are numerous summits, the highest, Bald Mountain, reaching an altitude of 5,530 feet. Numerous cross chains intersect in all directions, leaving very little valley land except along the margins of mountain streams.

¹ From Field Investigations of Pellagra.